



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90199 013 ***150.00

DOCUMENT # P07000030488 1. Entity Name ESAIE SAINT HILLAIRE PA					
Principal Place of Business 1111 HYPOLUXO ROAD UNIT 103D LANTANA, FL 33462			Mailing Address 1111 HYPOLUXO ROAD UNIT 103D LANTANA, FL 33462		
2. Principal Place of Business - No P.O. Box # 1918 Corporate Dr Suite, Apt. #, etc. Suite 4		3. Mailing Address 913 SE Belfast Ave Suite, Apt. #, etc.		60036464 	
City & State Boynton Beach, FL		City & State Port St Lucie, FL		02282008 Chg-P CR2E034 (12/06)	
Zip 33426		Country USA		4. FEI Number Applied For <input type="checkbox"/> Not Applicable	
Zip 33426		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAINT HILLAIRE, ESAIE 1111 HYPOLUXO ROAD UNIT 103D LANTANA, FL 33462				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME SAINT HILLAIRE, ESAIE		<input type="checkbox"/> Delete		
STREET ADDRESS 1111 HYPOLUXO ROAD UNIT 103D	CITY-ST-ZIP LANTANA, FL 33462		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE President CEO	NAME SAINT HILLAIRE, ESAIE		<input type="checkbox"/> Delete		
STREET ADDRESS 913 SE Belfast Ave	CITY-ST-ZIP Port St Lucie, FL 34983		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>ESAIE SAINT HILLAIRE</u> 04/15/08 561-718-5639 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					